



This assessment: ☐ Initial ☐ Review

## PROTECTIVE PAYEE ASSESSMENT

1. COMMUNITY SERVICES OFFICE (CSO)	
2. SOCIAL WORKER/CASE MANAGER'S NAME	3. TELEPHONE NUMBER
4. CLIENT'S NAME	5. AID TYPE
6. CLIENT'S ASSISTANCE UNIT ID NUMBER	7. CLIENT'S e-JAS ID NUMBER

### SECTION I. REASON PROTECTIVE PAYMENTS ARE NEEDED

Check the applicable box(es) below. There must be documentation in case file to support checked items.

- ☐ 1. TANF/SFA (Temporary Assistance to Needy Families/State Family Assistance) relative payee failed to cooperate in WorkFirst activities without good cause, including Child SafetyNet payments. (WAC 388-460-0045).
- ☐ 2. TANF/SFA client is a pregnant or parenting minor. (WAC 388-460-0040) (Teen assessment in the case file)
- ☐ 3. Emergency makes a caretaker relative unable to care for their dependent children. (WAC 388-460-0030)
- ☐ 4. Mismanagement of funds. (WAC 388-460-0035)
- ☐ Observation of TANF/SFA/GA/SSI client or their children are hungry, ill, or not adequately clothed.
  - ☐ Repeated requests for more money, for example AREN, for basic essentials such as food, utilizes, clothing, and housing.
  - ☐ Client has a series of evictions or utility shut off notices are not due to lack of funds.
  - ☐ Medical or psychological evaluations indicate the client cannot manage their funds.
  - ☐ Persons having had an ADATSA assessment and who are participating in ADATSA-funded chemical dependency treatment.
  - ☐ TANF/SFA/Working Connections client failed to pay in-home child care provider.
  - ☐ Complaints from vendors show pattern of failure to pay bills or rent.
  - ☐ Using public assistance Electronic Benefits Transfer (EBT) card or cash obtained through EBT to purchase or pay for lottery tickets, pari-mutual wagering, or any of the activities authorized under RCW Chapter 9.4.
  - ☐ Other (WAC 388-460-0035-3) (explain):

### SECTION II. EXPLAIN WHY A PROTECTIVE PAYEE IS NEEDED OR CONTINUES TO BE NEEDED – ATTACH SUPPORTING EVIDENCE (NOT REQUIRED IF YOU CHECKED BOX 1 OR 2 ABOVE)

### SECTION III. SIGNATURES

1. Client disagrees with the decision they must have a payee. <input type="checkbox"/> Yes <input type="checkbox"/> No		2. Evaluation of evidence and situation indicates protective payee <input type="checkbox"/> is <input type="checkbox"/> is not required.	
SOCIAL SERVICES/WORKFIRST SUPERVISOR'S SIGNATURE		DATE	
CLIENT'S SIGNATURE	DATE	<input type="checkbox"/> Client Unavailable/ Non-cooperative; date:	

COMMENTS

## **Client Rights and Notification Regarding the Protective Payee Plan, DSHS 14-349**

### Client Notification

If assignment to a protective payee is required, the client must be notified within ten (10) days of the action.

### Fair Hearing Information

If you disagree with the decision assigning you to a protective payee or terminating your assignment, you can ask for a fair hearing. To request a fair hearing, contact the Community Services Office (CSO) or write to the Board of Appeals, Department of Social and Health Services, PO Box 2465, Olympia WA 98504. You must request a hearing within 90 days of the date you receive your copy of this plan.

At the hearing, you have the right to represent yourself, be represented by an attorney or by any person you choose. You may be able to get free legal advice or representation by contacting an office of legal services.

### Department Conference

You may have a conference with a financial worker, WorkFirst Case Manager, social worker, or supervisor to discuss the action proposed in this letter. Having a conference will not delay or replace a fair hearing and it may resolve the problem sooner.

### Non-Discrimination

Our programs are provided for everyone without regard to race, color, sex, age, handicap, religious or political beliefs, or country of birth.